## Request for Waiver of Carry-Over Title 1-A

When carryover is greater than 15% from year 1 to year 2, you must submit a request waiver to carryover Title I funds beyond the allowable 15% -- On LEA letterhead.

This request for waiver is **due**, **November 30st**, after the final request for all expenditure of funds up to and including September 30<sup>th</sup> expenses. *This reimbursement request is due*October 15<sup>th</sup>.

Notification will be sent to you by October 22<sup>nd</sup> as to your status for carry over funds.

Only one request for carryover will be made in any three year period. One letter may be used for both Title 1 and Title A-ARRA funds, as long as all information is included for each fund request.

The request must include the following information:

- LEA name:
- Date of request:
- Title 1 Director or person making request:
- Date of Last Request for Waiver:
- Fiscal Year for which the request is being made:
- Total Funds Allocated for that Fiscal Year:
- Total Amount Reimbursed up to and including September 30<sup>th</sup> of the fiscal year:
- Total Amount of Funds remaining:
- Percentage of remaining funds to the total award:
- Please give a brief description of how the funds will be used:
- Signature:

Please mail request to: Sandra Grant

**Utah State Office of Education** 

250 East 500 South PO Box 144200

Salt Lake City, UT 84114-4200

Or email: Sandra.grant@schools.utah.gov

Sample letter is attached:

Date
Sandra Grant
Utah State Office of Education, Title 1
250 E 500 S
PO Box 144200
Salt Lake City, UT 84114-4200
Dear Ms. Grant:
LEA name's Title I – A or Title 1 A- ARRA (designate one per request) program is
requesting an extension for you <u>fiscal year</u> budget.
We were awardedincluded all additional awards made for that fiscal year and our
expenditures are <u>include all requests up to and including the final September 30<sup>th</sup></u>
<u>request</u> leaving a balance of This results in a carry-over of
percent. Since this percent is greater than the allowable 15 percent carryover I request a
waiver. Our last approved waiver request was in <u>year of approved request</u> .
We will be using the funds to
Sincerely,

Name of person requesting Waiver

Title

LEA

Attachments: may attach last reimbursement request, the notification of carry-over amount, or nothing at all.